

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
1				
2				
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47				
48				
49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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99						
100						
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					